SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

L46808

(6)

CONSERVATION	PROPERTIES.	INCORPORATED
OUNDERPARON	THOT LITTLE	INCOME OFFICE

	HVATION PHOPERILES, IN						
Principal Place	of Business	Mailing Address				IION ION BION OFFIN OFFIN GION OFFIN FION INC	
P.O. BOX 38053 TALLAHASSEE FL 32315		P.O. BOX 38053 TALLAHASSEE FL 32315					
					Date Incorporated or Qualif 02/01/1990	od 3a. Date of Last Report 04/14/1995	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3126836	Not Applicable	
Suite, Apt #	t, etc	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financir		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Counti	'у	8. This corporation has liability	y for intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curren	nt Registered Agent	8	t Non	10. Name and Address of Nev	w Registered Agent	
MAC	CFARLAND, JAMES W.		8	1 Name			
2420 LAKESHORE DR.			82 Street Add		ress (P.O. Box Number is Not Acce	ptable)	
TAL	LAHASSEE FL 32312		8	3			
			8	4 City		FI 85 Zip Code	
			authorizon h	u the coreorati	ion e board of directore. I bereby ac	cept the appointment as registered	
agent Lan	o the provisions of Sections 607.050 gistered agent, or both, in the State in familiar with, and accept the obligations by the special agent in the state of rejudeed agents in the special agents.	ations of, Section 607.0505, Fit	orida Statule	·S.	red when reinstating:	CM,F	
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I ail an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 granged or or an attactivent with an address

GNATURE:

| Company |

SIGNATURE: